

City of Gary Parks Department Swim Lesson Registration

Participant Information

Participant Name: _____ AGE: _____ M / F

Parent/Guardian Name: _____ Rank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Alternate Phone: _____

Email Address: _____

Medical Information:

Does the participant have any medical condition or taking medication of which the instructor should be aware? (Example: diabetes, seizures, ADHD, etc.) _____

Initial _____ To my knowledge, this participant is medically qualified to participate in Gary Parks Department Swim Lessons.

Directions: Fill in the preferred course selected and provide an alternate. In the case of your first choice class being full, you will be placed in the second choice class listed. If both classes are full, then we will not be able to place you during this session.

Circle Preferred:		
Course Name:	Course Time:	Course Number:
<i>Morning Swim Lessons</i>	11 am (Wednesdays and Thursdays)	Class #1
Alternate:		
Course Name:	Course Time:	Course Number:
<i>Afternoon Swim Lessons</i>	5:30 pm Wednesdays and Thursdays)	Class #2

Fees:

Level Description:

For explanations about each swim level download the American Red Cross swim app: Red Cross Swim App or visit their website: redcross.org/swimming.

**WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
CITY OF GARY PARKS DEPARTMENT**

FOR OPEN RECREATION SWIMMING OR SWIM LESSONS AT GARY PARKS DEPT. POOLS.

In consideration of the privilege of using the City of Gary Parks Department pools for recreation swimming and swim lessons in Gary, Indiana, and further recognizing the voluntary nature of my participation in this event, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I may have against any of the following persons or entities: the City of Gary, the City of Gary Parks Department, the Board of Park Commissioners, and the American Red Cross in both their official and personal capacities; any medical support personnel assigned thereto; and these persons' or entities' representatives, successors, and assigns, for any injuries and/or death resulting from my participation in the activities comprising the aforesaid event; as well as any use by me of any City of Gary Parks Department, or government equipment or facilities in conjunction with and furtherance of such participation by me. I VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH USING THE POOLS, TO INCLUDE THE RISKS OF SLIPPING AND FALLING ON WET SURFACES, OR DROWNING WHILE SWIMMING IN THE POOL. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE ACTIVITIES AND AGREE TO HOLD THE CITY OF GARY PARKS DEPARTMENT HARMLESS FOR ANY RESULTING INJURY AND/OR DEATH. I understand that this waiver of liability/assumption of risk agreement shall remain in effect until notice of cancellation is received by the Gary Parks Department. I understand that, should I decline to execute this agreement, I will not be permitted to enter the City of Gary Parks Department pools.

Initial _____ I hereby consent that photographs of me or my child taken by the City of Gary Parks Department may be used by Parks Department for the purpose of illustration, advertising, or publication in any manner.

Initial _____ I hereby give permission for my child to be administered first aid and CPR/AED treatment as deemed necessary by qualified staff while participating in City of Gary Parks Department swim lessons.

(Signature of Witness)

(Date)

Signature

(Name of Minor)

Date